



Business License Application, Retail Marijuana

How to apply: Submit this completed application form by email to PermitServices@kingcounty.gov. Your application will be screened and a confirmation email will be sent to you with online payment instructions. Incomplete applications will not be accepted.

Application checklist:

- Copy of State of Washington Business License (UBI)
- Copy of WSLCB retail marijuana license *or* retail license application accepted by the WSLCB
- Copy of WSLCB approved medical marijuana endorsement, if applicable
- Non-refundable application fee: \$1,000 (or \$500 with an approved Washington State medical marijuana endorsement)

Select one: New Application Renewal

Business Information				
BUSINESS NAME		PARCEL NUMBER (required)		
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS Same as above		CITY	STATE	ZIP CODE
TOTAL BUSINESS SQUARE FEET		SQUARE FEET OF MEDICAL PORTION, if any		
Applicant Information (name of person or entity proposing to operate the business)				
FULL NAME		PHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE
BIRTHDATE				

Business License Application, Retail Marijuana, continued

Select one: Sole Ownership (Applicant listed above) Partnership Corporation

CORPORATE OR PARTNERSHIP NAME		UBI NUMBER		
ADDRESS OF PRINCIPAL OFFICE		CITY	STATE	ZIP CODE

Partnerships or corporations: list all owners, partners or officers with a financial interest: (Attach an additional page if necessary)

FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE
FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE
FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE
FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license application or license granted, that I am the applicant or authorized representative and that the answers and accompanying information contained herein have been examined by me and that the matters set forth are true, correct and complete. (Signature of sole proprietor, corporate officer of limited liability member)

Applicant Signature: _____

Date: _____